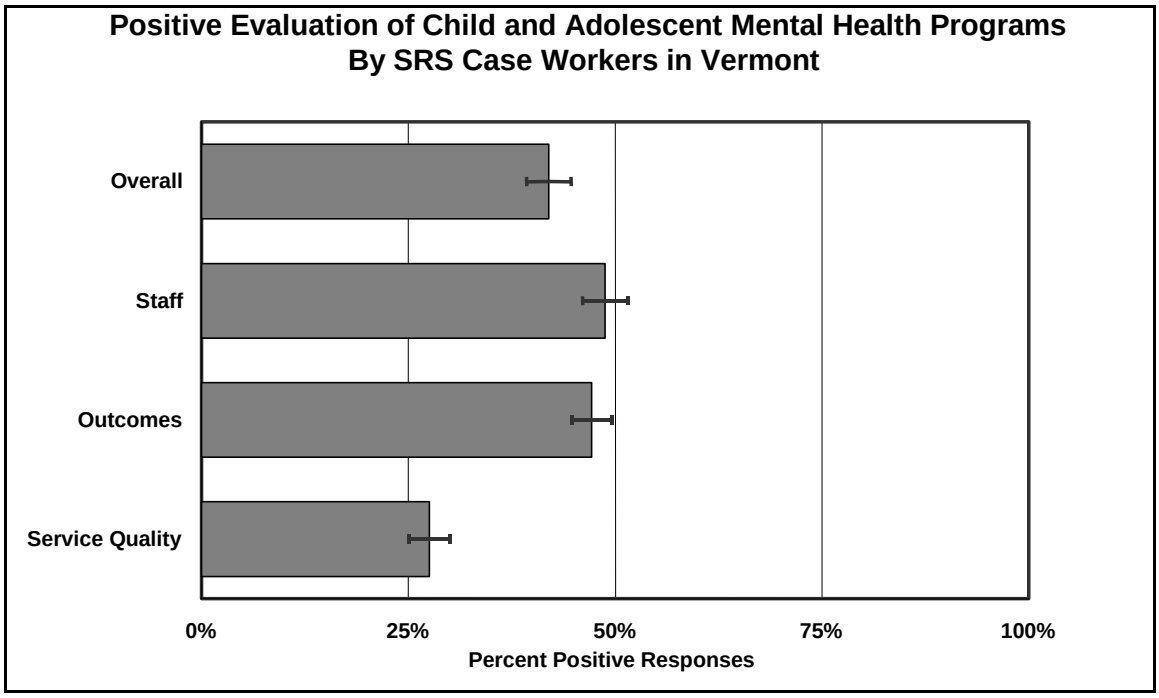
EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS By Social and Rehabilitation Services Case Workers in Vermont

TECHNICAL REPORT



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February 14, 2001

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The authors of this report wish to thank all those who contributed to this project. This work could not have been completed without the help of Jolene Devenger (data collection, data coding and data entry) and the staff of the Child and Family Unit of the Department of Developmental and Mental Health Services. The authors would also like to thank the case workers who took the time to evaluate and comment on the Child and Adolescent Mental Health Programs provided by the Community Mental Health Centers in Vermont.

FOREWORD

The 2000 survey of Social and Rehabilitation Services (SRS) case workers is one part of a larger effort to monitor Child and Adolescent Mental Health Programs in Vermont from multiple perspectives. The case evaluations will be used in conjunction with the assessments of other stakeholders and service recipients and with measures of program performance drawn from existing data bases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder based evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous assessments of Child and Adolescent Mental Health Programs include 1994 and 1997 surveys that asked school personnel to assess the quality of services they received from their local Child and Adolescent Mental Health Programs. More recently, in 1999, a consumer survey collected the views of young people aged 14-18 of services they received from their local Child and Adolescent Mental Health Programs. In the future, these findings can be compared to the results of planned surveys of parents of children served and school personnel.

These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing data bases. Many of these indicators are available in the annual DDMHS Fact Books and Statistical Reports that are available from the DDMHS Research and Statistics Unit.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of different indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's Child and Adolescent Mental Health Programs, namely the evaluations of professional personnel from another human service agency serving the young people in Child and Adolescent Mental Health Programs.

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EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Social And Rehabilitation Services Case Workers In Vermont In Spring 2000

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the Spring of 2000, the Child and Family Unit of the Vermont Department of Developmental and Mental Health Services asked Social and Rehabilitation Services case workers to evaluate the Child and Adolescent Mental Health Program in their local Community Mental Health Centers. Social and Rehabilitation Services (SRS) is the state agency responsible for providing juvenile justice or child protection services to children and adolescents in Vermont. Many of these young people also receive community mental health services.

All case workers in the 12 SRS district offices of Vermont were sent questionnaires that asked for their opinion of various aspects of these services. Most of the 150 eligible respondents work with only one local Community Mental Health Center. The ten case workers from the Hartford district office, who have two local centers, were asked to complete two questionnaires. In total, 124 (78%) of the potential pool of 160 questionnaires were returned completed. The Vermont survey of SRS case workers was designed to provide information that would help stakeholders to compare the performance of Child and Adolescent Mental Health Programs in Vermont. The survey instrument was developed using the 1999 Youth Survey as a base to facilitate cross informant comparisons and modified to address human service issues in consultation with Vermont stakeholders. (See Appendix II).

Methodology

The questionnaires consisted of twenty fixed alternative items and four open-ended questions. In order to facilitate comparison of Vermont's ten Child and Adolescent Mental Health Programs, the SRS case workers' responses to the fixed alternative items were combined into four composite scales. These scales focus on positive ***overall*** case worker evaluation of program performance, and positive evaluation of program performance with regard to ***staff, service quality***, and ***outcomes***. Measures of statistical significance were adjusted to account for the proportion of all potential individuals who responded to the survey. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level ($\underline{p}$.>.05). The percentages of case workers making positive and negative narrative comments in response to the open-ended questions are noted here. A more detailed analysis of the content of the comments will be issued in a separate report.

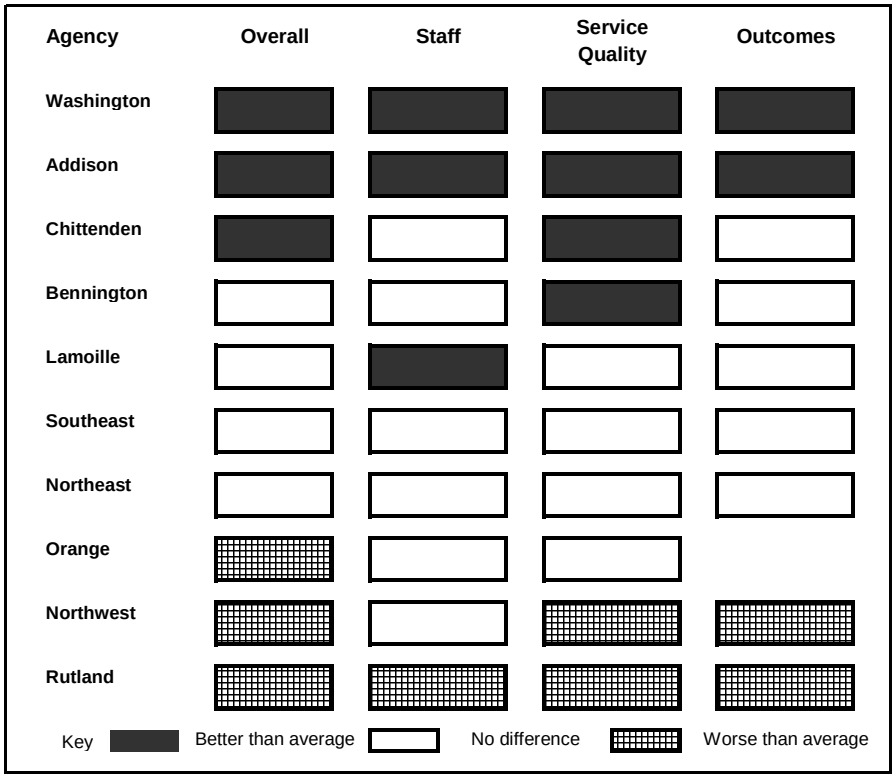
Overall Results

Overall statewide results are summarized in Figure 2, page 3. On the *overall* measure of program performance, 37% of the respondents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than other aspects. Fixed alternative items related to *staff*, for instance, received more favorable responses (46% favorable) than items related to *service quality* (28% favorable*)* or *outcomes* (23% favorable).

Overview of Differences Among Programs

In order to compare SRS case workers' evaluations of Child and Adolescent Mental Health Programs in the ten Community Mental Health Centers, the ratings of individual programs on each of four composite scales were compared to the statewide median for each scale. The results of this survey (see Figure 1) indicate that there were significant differences in evaluations of the state's ten Child and Adolescent Community Mental Health Programs.

Figure1. Positive Evaluation of Child and Adolescent Mental Health Programs By SRS Case Workers in Vermont *



* Outcome scale scores are not reported for Orange County because fewer than half the respondents answered outcome items.

The Child and Adolescent Mental Health Programs in Addison County and Washington County received the most favorable assessments, with scores better than the statewide median on all four scales. The program in Chittenden County was rated better than the statewide median on two of the four scales, and the programs in Bennington and Lamoille better on one scale. The programs in the Northeast and Southeast regions were rated no differently than the statewide median. The Child and Adolescent Mental Health Program in Orange County was rated lower than the statewide median on one scale and the program in the Northwest region lower on three scales. The program in Rutland County received the least favorable assessment with scores lower than the statewide median on all four scales.

The results of this evaluation of Child and Adolescent Mental Health Programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to young people with mental health needs in Vermont.

STATEWIDE RESULTS

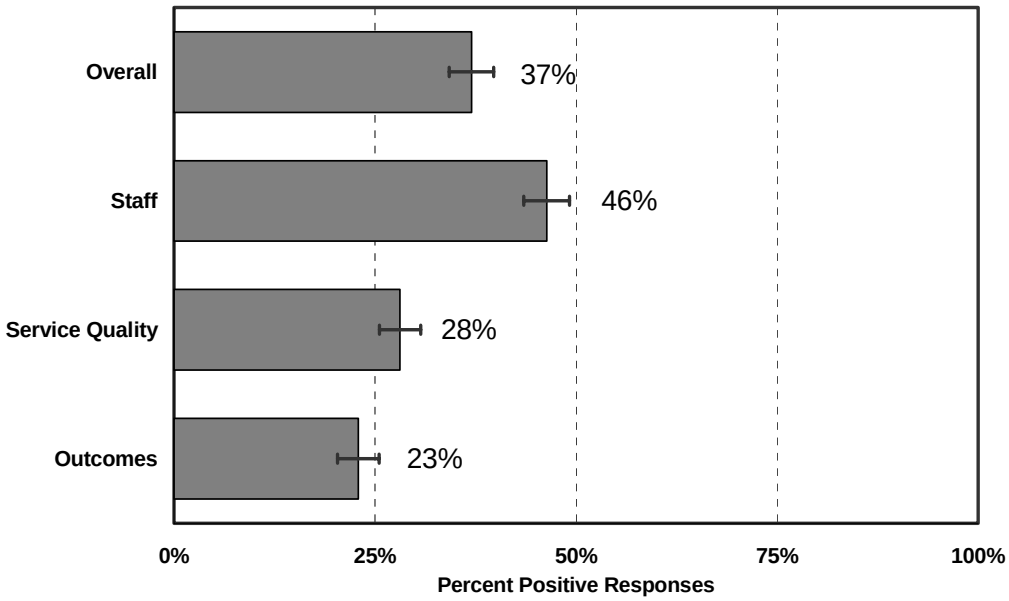
The SRS case workers evaluating Child and Adolescent Mental Health Programs at different Community Mental Health Centers in Vermont had widely differing opinions of their local programs. (Table 4, Appendix V provides an item-by-item summary of positive responses to the fixed alternative questions.)

The three most favorably rated items related to staff, where the SRS workers reported "I like the staff who work with me" (81%), "The staff listen to what I have to say" (75%) and "I feel respected by the staff" (72%). Sixty-eight percent of the SRS case workers agreed or strongly agreed that "The services …are helpful."

The least favorably rated item related to the capacity to provide the services needed. Only 17% of the SRS workers felt that their local community mental health center had "…adequate capacity to serve children and families I refer to them". They also gave low ratings to items relating to the outcomes of the children as a result of the mental health services received. None of the outcome items received more than 24% positive ratings, the lowest being only 20% of case workers reporting their clients' "…family life improved".

There were significant differences in SRS case workers' ratings of Child and Adolescent Mental Health Programs on the four scales derived from responses to the Vermont survey. Thirty seven percent of the respondents rated programs favorably on the *overall* scale, and the *staff* scale received significantly more favorable responses (46% favorable) than the *service quality* and *outcomes* scales (28% and 23% favorable).

Figure 2. Positive Evaluation of Child and Adolescent Mental Health Programs By SRS Case Workers in Vermont [*]



[*] Responses to items on the *Staff* and *Service Quality* scales were coded as positive if the case worker agreed or strongly agreed with the statement. Responses to items on the Outcomes scales were coded as positive if the case worker felt that more than half of their clients had improved as a result of mental health services. All items coded as above contributed to the *Overall* scale.

DIFFERENCES AMONG PROGRAMS

There was considerable variation between SRS districts in the proportion of young people on their caseloads who received mental health services from their local Community Mental Health Centers. All case workers evaluating Bennington County services, 83% of those evaluating Washington County services and 63% of those evaluating Addison County reported that over half of their caseload received community mental health services. In contrast, 80% of the case workers evaluating Orange County and 63% of those evaluating Rutland County reported that less than half of the young people they served received community mental health services (see Appendix V, Table 3).

The case workers' evaluations of Child and Adolescent Mental Health Programs at Vermont's ten Community Mental Health Centers on the four scales were mixed. In order to provide a comprehensive overall evaluation of program performance, positive case worker ratings of each program were compared to the statewide median positive ratings for each of the scales (Appendix V, pages 27-31). These comparisons showed considerable variation between providers. Combined, these results provide a succinct portrait of SRS case workers' evaluations of Child and Adolescent Mental Health Programs in Vermont.

The Child and Adolescent Mental Health Programs at Washington County Mental Health Services (Washington) and at the Counseling Service of Addison County (Addison) were the most favorably rated. SRS case workers evaluating Child and Adolescent Mental Health Programs at both of these agencies rated their program better than the statewide median on all four of the scales based on fixed alternative questions (*Overall*, *Staff, Service Quality,* and *Outcomes).*

The Child and Adolescent Mental Health Program at the Howard Center for Human Services (Chittenden) was rated better than the statewide median on two of the four scales (*Overall* and *Service Quality*). The program in United Counseling Services (Bennington) was rated higher than the statewide median on the *Service Quality* scale and Lamoille County Mental Health Services (Lamoille) on the *Staff* scale.

The programs at Northeast Kingdom Mental Health (Northeast) and the Southeast regions were rated no differently than the statewide median on any of the scales based on fixed alternative questions.

The Child and Adolescent Mental Health Program at the Clara Martin Center (Orange) was rated lower than the statewide median on the *Overall* scale and the program at Northwestern Counseling and Support Services (Northwest) rated lower on three scales (*Overall*, *Service Quality,* and *Outcomes*). The Child and Adolescent Mental Health Program at Rutland Area Community Services (Rutland) was the least favorably rated in Vermont. SRS case workers evaluating Child and Adolescent Mental Health Services at Rutland rated their local program less favorably than the statewide median on all four scales.

Positive Overall Evaluation

The measure of overall stakeholder satisfaction with each of the ten Community Mental Health Center Child and Adolescent Mental Health Programs used in this study is based on the SRS case workers' responses to all 20 fixed alternative questions. The composite measure of overall satisfaction was based on the number of items with positive responses, i.e., a rating of 1 or 2 on the 5 point scale. (For details of scale construction, see Appendix IV.)

SRS case workers' overall ratings of the individual Community Mental Health Centers varied widely. Three Child and Adolescent Mental Health Programs were rated significantly higher than the statewide median of 40% favorable ratings: Washington (93%), Addison (88%) and Chittenden (52%). Two programs were rated significantly lower: Rutland (0%) and Northwest (21%). (See Appendix V, pages 27 and 31).

Positive Evaluation of Staff

SRS case workers' ratings of the staff of their local community Child and Adolescent Mental Health programs, our second composite measure, was derived from responses to ten fixed alternative questions:

"The clinical staff are adequately trained, licensed, and supervised.
The staff are skilled at collaborative teamwork.
The staff communicate clearly and effectively with other involved service providers.
The staff know how to work with the child welfare system.
The staff effectively use the strengths of the child, family, and community.
The staff will "go the extra mile" to help children and their families.
I feel respected by the staff.
I like the staff who work with me.
The staff ask what we need.
The staff listen to what I have to say."

The response alternatives were: 1 *strongly agree, 2 agree, 3 undecided, 4 disagree,* or *5 strongly disagree*, with 1 and 2 being coded as positive responses. Statewide, SRS case workers generally rated their Child and Adolescent Mental Health Programs more favorably on the Staff scale than on the other scales. Staff at three of the community Child and Adolescent Mental Health Programs received ratings that were significantly higher than the statewide median of 63%: Addison (100%), Washington (100%) and Lamoille (100%). The staff at Rutland (0%) were rated significantly lower. (See Appendix V, pages 28 and 31).

Positive Evaluation of Service Quality

SRS case workers' ratings of the service quality of their local community Child and Adolescent Mental Health programs, our third composite measure, was derived from responses to four fixed alternative questions:

"I would recommend this mental health center to other professionals for their clients.
<Community Mental Health Center> has adequate capacity to serve children and families, I refer to them.
< Community Mental Health Center > offers the type of mental health services needed by the children and families with whom I work.
< Community Mental Health Center > is committed to providing quality services."

The response alternatives were: 1 *strongly agree, 2 agree, 3 undecided, 4 disagree,* or *5 strongly disagree*, with 1 and 2 being coded as positive responses. Four Child and Adolescent Mental Health Programs were given ratings that were significantly higher than the statewide median of 17% on the service quality scale. These were Washington (100%), Addison (50%), Bennington (50%) and Chittenden (48%). The service quality of two Child and Adolescent Mental Health Programs received significantly lower ratings: Northwest (7%) and Rutland (0%). (See Appendix V, pages 29 and 31).

Positive Evaluation of Outcomes

SRS case workers' perceptions of the outcomes of the services of the Child and Adolescent Mental Health Programs, our fourth composite measure, was derived from responses to five fixed alternative questions:

"As a result of these services, how many of your clients':

Daily life improved.
Family life improved.
Got along better with friends and other people.
Functioned better in school and/or at work.
Handled stressful situations better."

The response alternatives were: 1 *all, 2 most, 3 about half, 4 few,* or *5 none*, with 1 and 2 being coded as positive responses. The statewide median for positive ratings of local Child and Adolescent Mental Health Programs was 19% on the Outcomes scale. Since fewer than 50% of respondents answered the outcome questions for Clara Martin Center, no outcome scales were reported for Orange County.

Four Community Mental Health Centers received ratings that were significantly different from the statewide median on this scale. The SRS case workers' positive evaluations of outcomes were significantly higher for Washington (69%) and Addison (43%). The programs in Rutland (0%) and Northwest (8%) received significantly lower positive outcome ratings. (See Appendix V, pages 30 and 31).

Evaluation Based on Open Ended Questions

In order to obtain a more complete understanding of the opinions and concerns of case workers, four open-ended questions were included in the questionnaire:

"What was the most helpful aspect of the services this mental health center provided?
What was the least helpful aspect of the services this mental health center provided?
What could this mental health center do to improve?
Other comments?"

Eighty-eight percent of all respondents supplemented their responses to fixed alternative questions with written narrative comments. When these comments were coded and grouped, it was found that 74% of the respondents made positive comments and 69% made negative comments about the Child and Adolescent Mental Health Programs provided by their local Community Mental Health Centers. The content and themes of the additional narrative comments are being analyzed and the results will be published in a separate report.

APPENDIX I

LETTERS

First Cover Letter

Follow-up Cover Letter

May 10, 2000

Jane Smith
Division of Social Services
Oldtown District Office
100 Main Street
Oldtown, VT 05000

Dear Jane

As an employee of the Division of Social Services, you have been selected to help us evaluate the services provided by Oldtown District Office. Your answers are very important to us. We want to continue to improve the quality of health care received by Vermonters, and we believe that Social Services employees have a special insight into what makes quality mental health care.

Your individual answers to this survey will not be available to anyone other than the research staff of the Department of Developmental and Mental Health Services. Results will only be reported as rates and percentages for groups of people. The code on the questionnaire will assure that you do not receive a follow-up survey after you answer this one.

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire. If you have any questions, please feel free to contact Alice Maynard at 802-241-2609 or amaynard@ddmhs.state.vt.us.

Thank you.

Sincerely,

Charlie Biss, Director
Child, Adolescent, & Family Unit
Department of Developmental and Mental Health Services

Fred Ober, Director
Division of Social Services
Department of Social and Rehabilitation Services

May 31, 2000

Jane Smith
Division of Social Services
Oldtown District Office
100 Main Street
Oldtown, VT 05000

Dear Jane

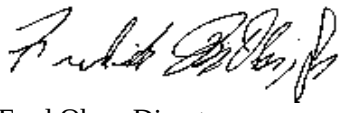
We are writing to encourage you to complete and return the survey about community mental health services you received three weeks ago. Your answers to the survey's questions are important to us.

In case you did not receive the original survey or misplaced it, we have enclosed another copy with a pre-addressed pink mail envelope in which to return it.

Thank you for your help.

Sincerely,

Charles Biss, Director
Child, Adolescent and Family Unit
Division of Mental Health
Department of Developmental and
Mental Health Services



Fred Ober, Director
Division of Social Services
Department of Social and
Rehabilitation Services

APPENDIX II

VERMONT MENTAL HEALTH SURVEY FOR SRS CASE WORKERS

SRS Staff Evaluation of
Vermont Community Mental Health Centers

Please circle the number following each item that best describes your response to statements about <*Community Mental Health Center Name*>.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Overall Evaluation					
1. The services <*Community Mental Health Center Name*> provides are helpful……	1	2	3	4	5
2. I would recommend this mental health center to other professionals for their clients…….	1	2	3	4	5
Mental Health Staff					
3. The clinical staff are adequately trained, licensed, and supervised…….……	1	2	3	4	5
4. The staff are skilled at collaborative teamwork…..	1	2	3	4	5
5. The staff communicate clearly and effectively with other involved service providers……..……	1	2	3	4	5
6. The staff know how to work with the child welfare system……..…….	1	2	3	4	5
7. The staff effectively use the strengths of the child, family, and community….……	1	2	3	4	5
8. The staff will "go the extra mile" to help children and their families…….……..	1	2	3	4	5
9. I feel respected by the staff……...…….	1	2	3	4	5
10. I like the staff who work with me……..	1	2	3	4	5
11. The staff ask what we need…….……	1	2	3	4	5
12. The staff listen to what I have to say……..	1	2	3	4	5
Services					
13. <*Community Mental Health Center Name*>has adequate capacity to serve children and families I refer to them……..	1	2	3	4	5
14. <*Community Mental Health Center Name*>offers the type of mental health services needed by the children and families with whom I work…….…….	1	2	3	4	5

Services (continued)

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
15. <*Community Mental Health Center Name*>is committed to providing quality services……	1	2	3	4	5

Results

	Most	Some	About Half	Few	None
16. During the past year, how many of your clients received services from <*Community Mental Health Center Name*>	1	2	3	4	5

As a result of these services, how many of your clients':

	All	Most	About Half	Few	None
17. daily life improved…….……	1	2	3	4	5
18. family life improved……..	1	2	3	4	5
19. got along better with friends and other people……	1	2	3	4	5
20. functioned better in school and/or at work……..	1	2	3	4	5
21. handled stressful situations better…….…..	1	2	3	4	5

Comments *If you need more space, please attach additional sheets.*

22. What was the most helpful aspect of the services this mental health center provided?

23. What was the least helpful aspect of the services this mental health center provided?

24. What could this mental health center do to improve?

25. Other comments?

Gender_____ Age_____ Years in this field _____ Highest degree _____

Check box to receive a copy of the findings of this survey. ☐

Thank you!

APPENDIX III

DATA COLLECTION

Project Philosophy

Data Collection Procedures

Project Philosophy

This survey, like related surveys of consumers and stakeholders, was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a comparison of the performance of Child and Adolescent Mental Health Programs in Vermont. Included among the intended audience for this report are consumers, parents, caregivers, service providers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local agency Designation process conducted by DDMHS. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give a voice to professional colleagues working in human services whose clients receive mental health services and to provide a situation in which that voice would be heard.

These two goals led to the selection of research procedures that are notable in three ways:

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all SRS case workers with a voice in the evaluation of programs for young people with mental health needs.

Second, questionnaires were not anonymous (although all responses are treated as personal/confidential information). An obvious code on each questionnaire allowed the research team to identify which workers had not responded to the first request so that follow-up letters could be sent.

Third, sophisticated statistical procedures were used to assure that measures of statistical significance were sensitive to response rates achieved by this study. These procedures are described in more detail in Appendix III.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to every one of the 153 SRS case workers (including SRS District Directors) in the 12 Social and Rehabilitation Services districts of Vermont that provide juvenile justice or child protection services to children and adolescents. Workers at the Hartford district office received two questionnaires so that they could evaluate both Community Mental Health Centers that serve their district, namely, Clara Martin Center and Health Care and Rehabilitation Services of Southeastern Vermont, separately. The questionnaires were mailed during the period from the end of April through June 2000 by the Mental Health Division Child and Family Unit central office staff.

Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I). The stated purpose of the questionnaire numbers was to allow the research team to identify non-respondents for follow-up. (Sixteen questionnaires out of the 124 completed were returned with the identification number removed.)

Approximately three weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I). This mailing included a follow-up cover letter, a copy of the original cover letter, and a second copy of the questionnaire.

A total of 124 completed questionnaires were returned. In addition, three questionnaires were returned uncompleted; two were returned indicating that the workers had left the agency and another indicating that the respondent was new to the district and did not feel qualified to answer the questionnaire. The response rate, excluding these three persons, was 78% statewide. Response rates for individual SRS districts varied from 50% to 100%. Appendix V, Table 1 provides program-by-program response rates and Table 2, a profile of the respondents in terms of age, gender, experience and qualifications.

APPENDIX IV

ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Scales Based on Fixed Alternative Questions

Coding of Narrative Comments

Data Analysis

Finite Population Correction

Discussion

Scale Construction

The Vermont survey of SRS case workers' opinions of Child and Adolescent Mental Health Programs included twenty fixed-alternative questions and four open-ended questions.

Scales Based on Fixed Alternative Questions

Four scales were derived from the SRS case workers' responses to the fixed alternative questions. These scales include a scale that measures respondents' positive *overall* evaluation of their local community mental health center's Child and Adolescent Mental Health Program, and scales that measure positive evaluations of the *staff* who provide mental health services, and the *service quality*. In addition, a fourth scale measured the SRS case workers' perception of treatment *outcomes*, the positive impact of the mental health services on their clients' lives.

Responses to the fixed alternative questions were entered directly into a computer database for analysis and then regrouped according to whether they were positive or not. Responses that indicated case workers "Strongly Agree" or "Agree" with the item were grouped to indicate a positive evaluation of program performance. On outcome items, responses that indicated that "All" or "Most" of the young people had improved outcomes were coded as a positive evaluation of program performance. After each person's response to each questionnaire item was coded as "positive" or "not positive", the number of items with positive responses for each person was divided by the total number of questions to which the person had responded for the given scale.

Individuals who had responded to less than half of the items in any scale were excluded from the computation for that scale. (one SRS case worker's rating (0.8% of respondents) was excluded for each of the *Overall, Service Quality* and *Staff* scales, and 17 (13.7%) on the *Outcomes* scale).

Overall evaluation of Child and Adolescent Mental Health Program performance, our first composite measure, uses all of the 20 fixed alternative questions. The internal consistency of the *Overall* scale, as measured by average inter-item correlation (Cronbach's Alpha) is .9484.

Staff, our second composite measure, was derived from case worker responses to ten fixed alternative questions. The Items that contributed to this scale include:

"3. The clinical staff are adequately trained, licensed, and supervised.
4. The staff are skilled at collaborative teamwork.
5. The staff communicate clearly and effectively with other involved service providers.
6. The staff know how to work with the child welfare system.
7. The staff effectively use the strengths of the child, family, and community.
8. The staff will "go the extra mile" to help children and their families.
9. I feel respected by the staff.
10. I like the staff who work with me
11. The staff ask what we need.
12. The staff listen to what I have to say."

For a rating to be included, at least five of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items

answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .9361.

Service Quality, our third composite measure was derived from case worker responses to four of the other fixed alternative questions. The Items that contributed to this scale include:

"2. I would recommend this mental health center to other professionals for their clients.
13. <*Community Mental Health Center*> has adequate capacity to serve children and families, I refer to them.
14. < *Community Mental Health Center* > offers the type of mental health services needed by the children and families with whom I work.
15. < *Community Mental Health Center* > is committed to providing quality services."

For a rating to be included, at least two of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .8512.

Outcomes, our fourth scale, measured SRS case workers' perceptions of mental health treatment outcomes using responses to the remaining five of the fixed alternative questions. The items that contributed to this scale include:

"As a result of these services, how many of your clients':

17. Daily life improved.
18. Family life improved.
19. Got along better with friends and other people.
20. Functioned better in school and/or at work.
21. Handled stressful situations better."

The *Outcomes* scale was constructed for all individuals who had responded to at least three of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .9785.

Coding of Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of case workers of Child and Adolescent Mental Health Programs in Vermont, four open-ended questions were included in the questionnaire:

"21. What was the most helpful aspect of the services this mental health center provided?
22. What was the least helpful aspect of the services this mental health center provided?
24. What could this mental health center do to improve?
23. Other comments?"

One hundred and nine SRS workers (88% of all respondents) supplemented their responses to fixed alternative questions with written comments. These written responses were coded first into positive and negative comments to ascertain what proportion of all respondents made at least one positive comment (74%) and what proportion of all respondents made at least one negative comment (69%) about their community Child and Adolescent Mental Health Programs. A further qualitative analysis then isolated 24 categories within four general themes. A report of the results of this analysis is planned for a later date.

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten Child and Adolescent Mental Health Programs, a statistical correction procedure was incorporated into the data analysis. This procedure known as a "finite population correction" was applied to results to adjust for the high proportion of all potential respondents who returned useable questionnaires.

Finite Population Correction

Surveys, intended to provide information based on responses from a finite number of people about the performance of community mental health programs, can achieve a variety of response rates. Just over 78% of all potential respondents to this survey, for instance, returned useable questionnaires. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. This confidence interval is derived by multiplying the standard error of the mean for the sample by 1.96.

In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a "finite population correction" can be added to the computation. The corrected confidence interval is derived by multiplying the uncorrected confidence interval by $\sqrt{1 - n/N}$, where n is the number of observations and N is the total population under examination.

The statistical significance of all findings in the body of this report have been computed using this finite population correction.

Discussion

The statistical corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey. Finite population correction provides the narrower confidence intervals that are appropriate to a study, which obtains responses from a large proportion of all potential respondents.

In Vermont, the finite population correction had a substantial impact on the statistical significance of the results of the SRS case workers survey. This survey had a very high response rate. The relative impact of this statistical adjustment will be very different in situations where response rates are lower.

APPENDIX V

TABLES AND FIGURES

Response Rates by Program

Respondent Profile

Proportion of Caseload Receiving Community Mental Health Care

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 1

SRS Survey 2000: Response Rates by Program

Region/Provider	SRS District Office	Surveys Sent	Surveys Received	Response Rate
Addison - CSAC	Middlebury	8	8	100%
Bennington - UCS	Bennington	9	6	67%
Chittenden - HCHS	Burlington	32	23	72%
Lamoille - LCMHS	Morrisville	7	6	86%
Northeast - NEK	St Johnsbury	9	5	56%
	Newport	6	4	67%
Northwest - NCSS	St Albans	19	14	74%
Orange - CMC	Hartford	10	5	50%
Rutland - RACS	Rutland	16	16	100%
Southeast - HCRSSV	Brattleboro	10	9	90%
	Hartford	10	6	60%
	Springfield	9	8	89%
Washington - WCMHS	Barre	15	14	93%
Statewide		160	124	78%

Table 2

SRS Survey 2000: Respondent Profile

Case Worker Characteristics		Number	% of Respondents
Gender	Male	28	23%
	Female	75	61%
	Unreported	19	16%
Age	30 or Less	19	16%
	31-44	32	26%
	45+	40	33%
	Unreported	31	25%
Experience	1-5 years	27	22%
	6-14 years	40	33%
	15+ years	37	30%
	Unreported	17	14%
Education	H.S	1	1%
	B.A.	51	42%
	M.A/Ph.D	47	39%
	Unreported	23	19%

Table 3

SRS Survey 2000: Case Worker Reports of How Many on their Caseload Received Community Mental Health Care in the Past Year

Region/Provider	Most	Over Half	Half	Few	None
Addison - CSAC	38%	25%	25%	0%	13%
Bennington - UCS	17%	83%	0%	0%	0%
Chittenden - HCHS	22%	26%	13%	30%	9%
Lamoille - LCMHS	0%	17%	50%	33%	0%
Northeast - NEK	33%	11%	22%	33%	0%
Northwest - NCSS	7%	36%	21%	29%	7%
Orange - CMC	20%	0%	0%	60%	20%
Rutland - RACS	13%	25%	0%	50%	13%
Southeast - HCRSSV	17%	17%	26%	35%	4%
Washington - WCMHS	57%	29%	7%	0%	7%
Statewide	23%	26%	17%	27%	7%

Table 4

SRS Survey 2000: Responses to Individual Fixed Alternative Questions by Program

	State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
I like the staff who work with me	81%	100%	100%	83%	100%	78%	86%	100%	40%	73%	100%
The staff listen to what I have to say	75%	100%	100%	83%	83%	89%	57%	80%	33%	70%	100%
I feel respected by the staff	72%	100%	100%	70%	100%	78%	71%	80%	19%	70%	100%
The services <Community Mental Health Center Name>provides are helpful	68%	100%	100%	83%	83%	78%	50%	60%	0%	65%	100%
<Community Mental Health Center>is committed to providing quality services	63%	100%	60%	91%	83%	44%	57%	40%	6%	52%	100%
The staff effectively use the strengths of the child, family, and community	62%	100%	60%	74%	83%	67%	54%	60%	6%	52%	100%
The staff will go the extra mile to help children and their families	61%	88%	40%	74%	100%	78%	50%	60%	0%	52%	93%
I would recommend this mental health center to other professionals for their clients	59%	100%	67%	78%	67%	56%	43%	40%	0%	50%	100%
The staff are skilled at collaborative work	59%	88%	40%	74%	100%	67%	43%	60%	6%	43%	100%
The clinical staff are adequately trained, licensed, and supervised	58%	75%	60%	86%	67%	11%	46%	60%	13%	61%	100%
The staff communicate clearly and effectively with other service providers	58%	88%	25%	57%	83%	44%	54%	40%	25%	57%	100%
The staff ask what we need	49%	75%	60%	43%	67%	56%	14%	20%	13%	57%	100%
The staff know how to work with the child welfare system	50%	50%	40%	52%	100%	44%	57%	40%	13%	53%	86%
<Community Mental Health Center>offers the type of mental health services needed by the children and families with whom I work	38%	75%	67%	52%	33%	22%	14%	20%	6%	26%	85%
My clients got along better with friends and other people as a result of the mental health services received	24%	57%	0%	20%	33%	25%	8%	0%	0%	19%	67%
My clients' daily life improved as a result of the mental health services received	23%	43%	0%	27%	33%	25%	8%	0%	0%	19%	54%
My clients functioned better in school and/or at work as a result of the mental health services received	22%	57%	0%	23%	33%	25%	8%	0%	0%	10%	62%
My clients handled stressful situations better as a result of the mental health services received	22%	57%	0%	19%	33%	13%	17%	0%	0%	14%	62%
My clients' family life improved as a result of the mental health services received	20%	43%	0%	15%	33%	13%	8%	0%	0%	14%	62%
<Community Mental Health Center>has adequate capacity to serve children and families I refer to them	17%	0%	33%	26%	0%	11%	7%	20%	6%	4%	57%
Average	49%	75%	48%	56%	66%	46%	38%	39%	9%	42%	86%

Table 5

SRS Survey 2000: Scale Scores by Program

Evaluation of Child and Adolescent Mental Health Services
By SRS Case Workers in Vermont

Region		Overall	Staff	Service Quality	Outcomes
Statewide median		40%	63%	17%	19%
Washington	-WCMHS	**93%**	**100%**	**100%**	**69%**
Addison	-CSAC	**88%**	**100%**	**50%**	**43%**
Chittenden	-HCHS	**52%**	65%	**48%**	19%
Bennington	-UCS	40%	40%	**50%**	0%
Lamoille	-LCMHS	50%	**100%**	0%	33%
Southeast	-HCRSSV	39%	57%	13%	14%
Northeast	-NEK	22%	67%	11%	25%
Orange	-CMC	**20%**	60%	20%	**---**
Northwest	-NCSS	**21%**	50%	**7%**	**8%**
Rutland	-RACS	**0%**	**0%**	**0%**	**0%**

Rates in bold typeface are significantly different from statewide median

PROVIDER COMPARISONS

Positive Overall Evaluation

Positive Evaluation of Staff

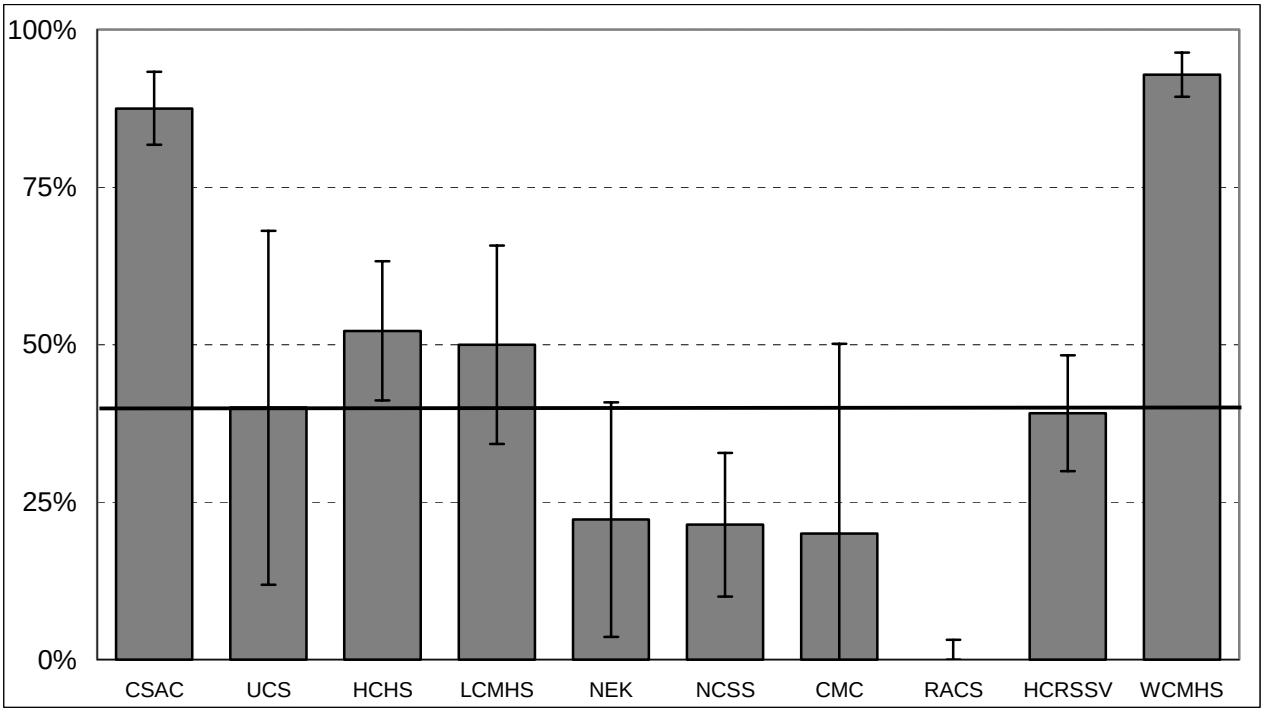
Positive Evaluation of Service Quality

Positive Evaluation of Outcomes

Positive Evaluation of Programs

Figure 3. SRS Survey 2000: Positive Overall Evaluation

of Child and Adolescent Mental Health Services
by SRS Case Workers in Vermont

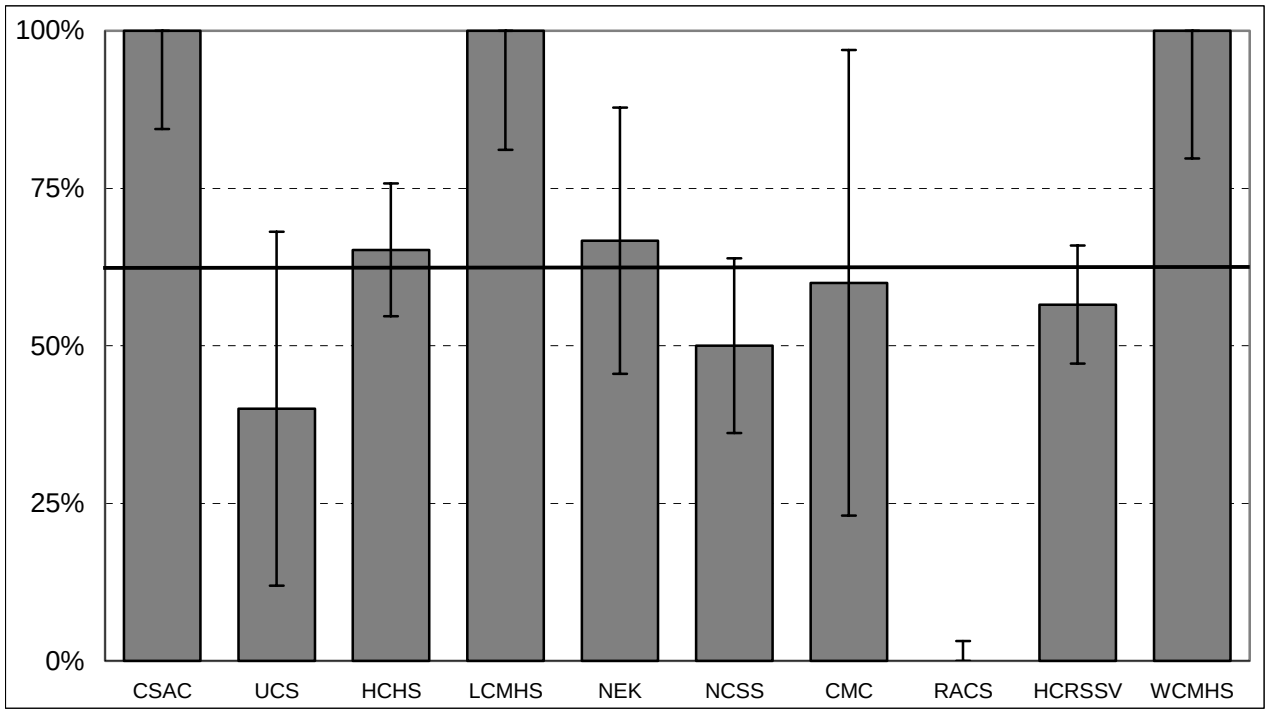


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	8	7	88%	(82%-93%)	*
Bennington -UCS	5	2	40%	(12%-68%)	n.s.
Chittenden -HCHS	23	12	52%	(41%-63%)	*
Lamoille -LCMHS	6	3	50%	(34%-66%)	n.s.
Northeast -NEK	9	2	22%	(4%-41%)	n.s.
Northwest -NCSS	14	3	21%	(10%-33%)	*
Orange -CMC	5	1	20%	(<50%)	n.s.
Rutland -RACS	16	0	0%	(<3%)	*
Southeast -HCRSSV	23	9	39%	(30%-48%)	n.s.
Washington -WCMHS	14	13	93%	(89%-96%)	*
Statewide median			40%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Figure 4. SRS Survey 2000: Positive Evaluation of Staff

of Child and Adolescent Mental Health Services
by SRS Case Workers in Vermont

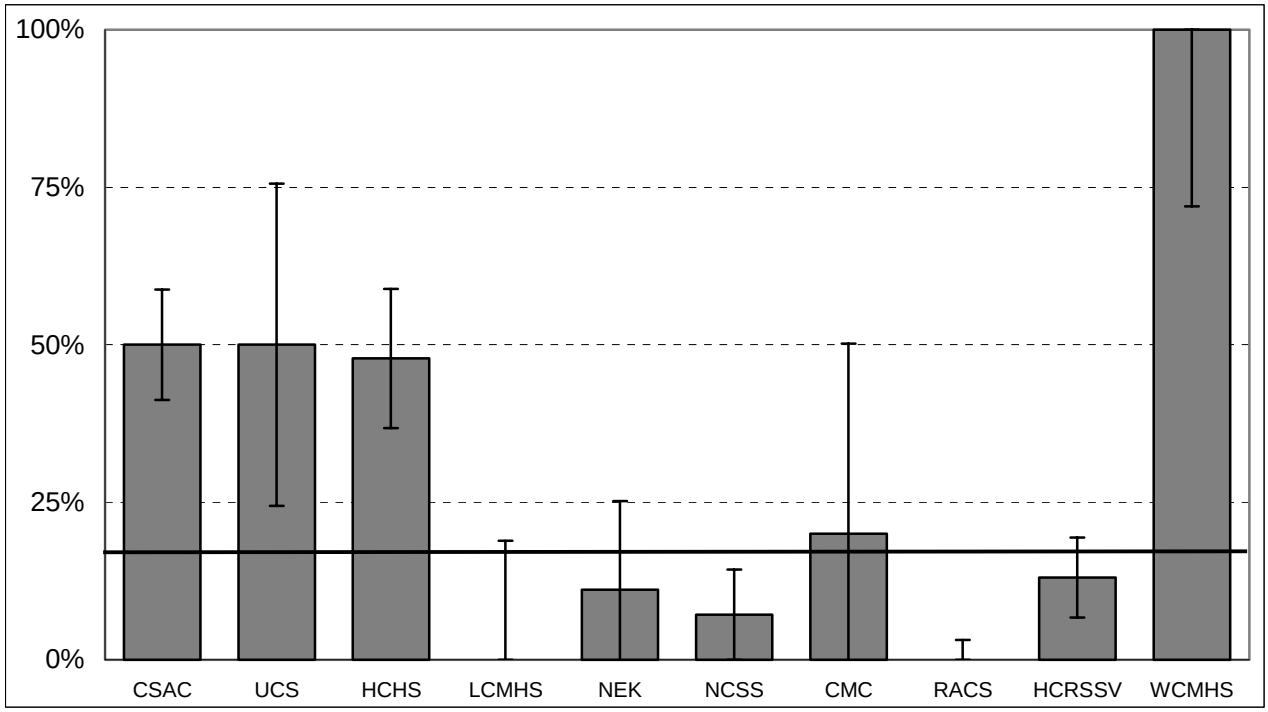


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	8	8	100%	(>84%)	*
Bennington -UCS	5	2	40%	(12%-68%)	n.s.
Chittenden -HCHS	23	15	65%	(55%-76%)	n.s.
Lamoille -LCMHS	6	6	100%	(>81%)	*
Northeast -NEK	9	6	67%	(46%-88%)	n.s.
Northwest -NCSS	14	7	50%	(36%-64%)	n.s.
Orange -CMC	5	3	60%	(23%-97%)	n.s.
Rutland -RACS	16	0	0%	(<3%)	*
Southeast -HCRSSV	23	13	57%	(47%-66%)	n.s.
Washington -WCMHS	14	14	100%	(>80%)	*
Statewide median			62.6%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Figure 5. SRS Survey 2000: Positive Evaluation of Service Quality

of Child and Adolescent Mental Health Services
by SRS Case Workers in Vermont

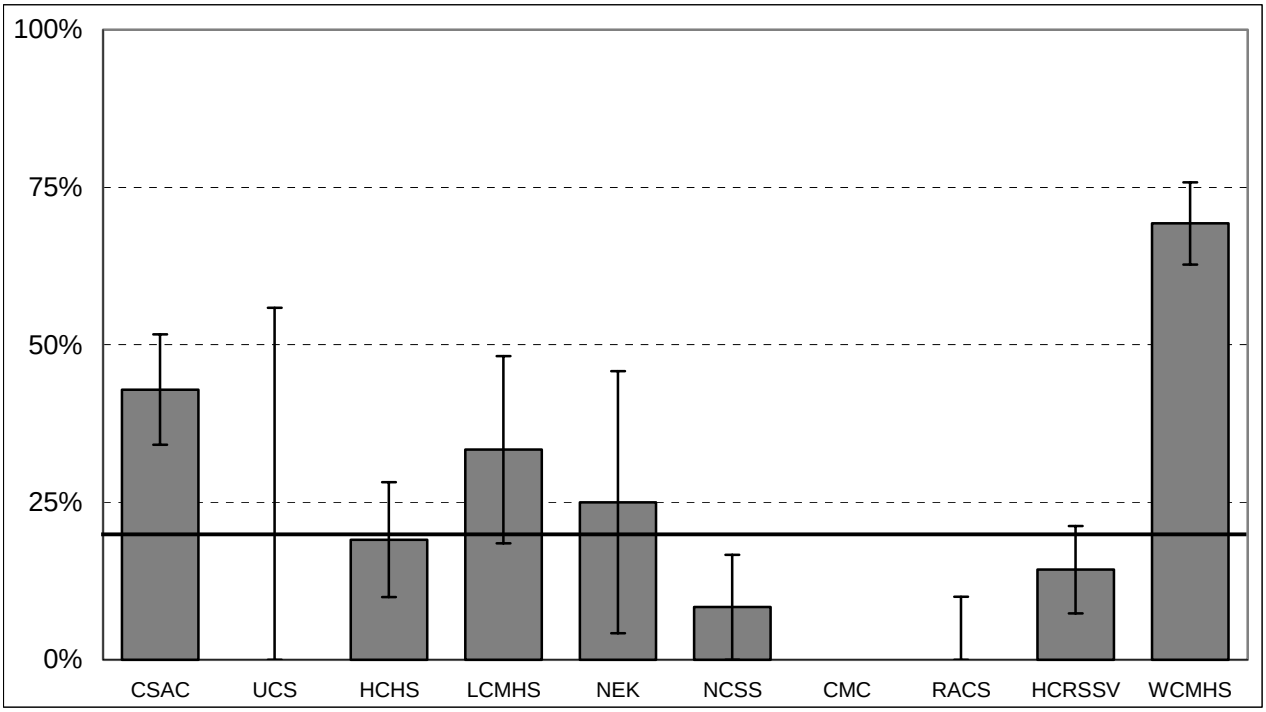


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	8	4	50%	(41%-59%)	*
Bennington -UCS	6	3	50%	(24%-76%)	*
Chittenden -HCHS	23	11	48%	(37%-59%)	*
Lamoille -LCMHS	6	0	0%	(<19%)	n.s.
Northeast -NEK	9	1	11%	(<25%)	n.s.
Northwest -NCSS	14	1	7%	(0%-14%)	*
Orange -CMC	5	1	20%	(<50%)	n.s.
Rutland -RACS	16	0	0%	(<3%)	*
Southeast -HCRSSV	23	3	13%	(7%-19%)	n.s.
Washington -WCMHS	13	13	100%	(>72%)	*
Statewide median			16.5%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Figure 6. SRS Survey 2000: Positive Evaluation of Outcomes

of Child and Adolescent Mental Health Services
by SRS Case Workers in Vermont

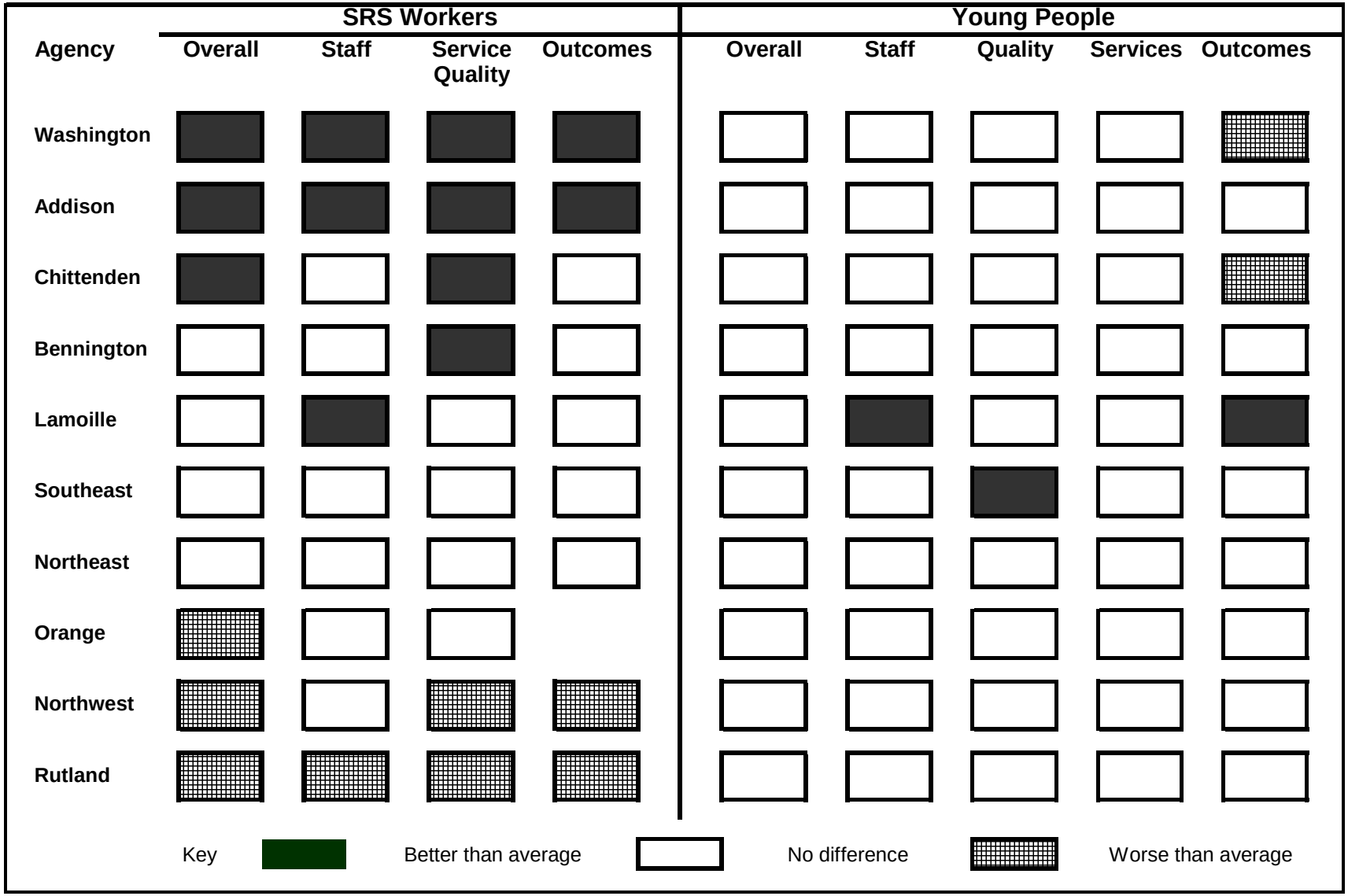


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	7	3	43%	(34%-52%)	*
Bennington -UCS	4	0	0%	(<56%)	n.s.
Chittenden -HCHS	21	4	19%	(10%-28%)	n.s.
Lamoille -LCMHS	6	2	33%	(18%-48%)	n.s.
Northeast -NEK	8	2	25%	(4%-46%)	n.s.
Northwest -NCSS	12	1	8%	(<17%)	*
Orange -CMC	2	0	---	---	---
Rutland -RACS	13	0	0%	(<10%)	*
Southeast -HCRSSV	21	3	14%	(7%-21%)	n.s.
Washington -WCMHS	13	9	69%	(63%-76%)	*
Statewide median			19.0%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Outcome scale scores are not reported for CMC as fewer than half of the respondents answered the outcome questions.

Figure 7. Comparative Evaluation of Child and Adolescent Mental Health Programs



APPENDIX VI

CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS IN VERMONT

This report provides assessments of the ten regional Child and Adolescent Mental Health Programs that are designated by the Vermont Department of Developmental and Mental Health Services. Child and Adolescent Mental Health Programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services (individual, group and family therapy, and diagnostic services), although many agencies also provide residential services for children and adolescents who have a severe emotional disturbance. Throughout this report, these Child and Adolescent Mental Health Programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison, Counseling Service of Addison County in Middlebury.

Bennington, United Counseling Services in Bennington.

Chittenden, Howard Center for Human Services in Burlington.

Lamoille, Lamoille County Mental Health Services in Morrisville.

Northeast, Northeast Kingdom Mental Health in Newport and St. Johnsbury.

Northwest, Northwestern Counseling and Support Services in St. Albans.

Orange, Clara Martin Center in Randolph.

Rutland, Rutland Mental Health Services in Rutland.

Southeast, Health Care and Rehabilitation Services of Southeastern Vermont in Bellows Falls.

Washington, Washington County Mental Health Services in Berlin and Barre.